



TRANSPORT MANAGEMENT CERTIFICATE OF PROFESSIONAL COMPETENCE

TUTOR APPROVAL FORM

PLEASE READ THE CRITERIA FOR TUTORS CAREFULLY BEFORE COMPLETING THE FORM

Training providers must submit details of the proposed tutor/tutors nominated to deliver training for the Transport Management Certificate of Professional Competence to students. Each tutor must meet ALL the criteria outlined in points 1-3 below in order to be approved.

Please do not write in boxes marked Office Use Only.

TUTOR CRITERIA

- | |
|---|
| <p>1. Degree (National Framework of Qualifications Level 7 or higher) in a Business, Transport or Engineering discipline; <u>OR</u> Chartered/Certified professional qualification or Chartered/Certified membership in a relevant discipline e.g. Member of the Institute of Engineers
(Copy of degree / qualification / membership must be provided)</p> |
| <p>2. Train the Trainer qualification <u>OR</u> Higher Diploma in Education/equivalent <u>OR</u> teacher training at NFQ Level 6 or higher (Copy of qualification must be provided)</p> |
| <p>3. Three or more years' experience in a management/supervisory/training role in the transport industry
(Referees must be provided)</p> |

NOTES:

This form must be completed in respect of each tutor nominated by the prospective Training Provider to deliver training for the Transport Management Certificate of Professional Competence.

If there is a change of tutor during the approval period, a Change of Tutor application form must be submitted by the training provider for examination by the Chartered Institute of Logistics and Transport and recommendation to the Department of Transport, Tourism and Sport.

The Chartered Institute of Logistics and Transport will be required to recommend to the Department of Transport, Tourism and Sport the refusal of a tutor's approval, or the withdrawal of an existing approval, if the requirements are not met in the application form, or if they are subsequently not met, or if there is a failure to comply with any of the conditions set out in the approval.



1. TUTOR'S PERSONAL DETAILS

Name:	
Address:	
Eircode:	
Contact Phone Number:	E-mail address:
<u>OFFICE USE ONLY</u>	

2. EDUCATION DETAILS

<ul style="list-style-type: none"> • Degree (minimum NFQ Level 7) in <ul style="list-style-type: none"> ▸ Business <input type="checkbox"/> ▸ Transport <input type="checkbox"/> ▸ Engineering <input type="checkbox"/> <p>Awarding body _____</p> <p>Level 7 ○ 8 ○ 9 ○ 10 ○</p> <p>* Note: A copy of the above qualification must be enclosed</p> <p><i>(OR)</i></p> <ul style="list-style-type: none"> • Chartered/Certified Professional qualification <input type="checkbox"/> ; or • Chartered/Certified membership in a relevant discipline <input type="checkbox"/> <p>Details: _____</p> <p>* Note: A copy of the above qualification/membership must be enclosed</p>	<p><u>OFFICE USE ONLY</u></p>
<ul style="list-style-type: none"> • Train the Trainer qualification <input type="checkbox"/> <p><i>(OR)</i></p> <ul style="list-style-type: none"> • Higher Diploma in Education / equivalent <input type="checkbox"/> <p>Awarding body _____</p> <p>Level 6 ○ 7 ○ 8 ○ 9 ○</p> <p><i>(OR)</i></p> <ul style="list-style-type: none"> • Teacher training at NFQ Level 6 or higher <input type="checkbox"/> <p>Awarding body _____</p> <p>Level 6 ○ 7 ○ 8 ○ 9 ○</p> <p>* Note: A copy of the above qualification/s must be enclosed</p>	<p><u>OFFICE USE ONLY</u></p>



The Chartered
Institute of Logistics
and Transport

3. MANAGEMENT/SUPERVISORY/TRAINING EXPERIENCE IN THE TRANSPORT INDUSTRY

Please enter most recent experience first (Note: If preferred, attach CV instead of completing this section)

Duration from/to	Position held and details of responsibilities and experience	Name of referee Phone E-mail
Duration from/to	Position held and details of responsibilities and experience	Name of referee Phone E-mail
Duration from/to	Position held and details of responsibilities and experience	Name of referee Phone E-mail

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4. CHARTERED/CERTIFIED MEMBERSHIP OF PROFESSIONAL BODIES (if applicable)

Name of Professional Body	Type of Membership

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5. STATUS OF TUTOR IN THE TRAINING PROVIDER'S ORGANISATION

Full-time Part-time Associate

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6. DECLARATION OF TUTOR (must be signed by the tutor seeking approval)

- I hereby declare that all the information in this application form is true and accurate and I have signed the attached authorisation on page 5 for the purpose of verification of qualifications.
- I have enclosed copies of my educational and/or professional qualification(s)/membership(s) as applicable.

Name: _____

Signature: _____

Date: _____

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7. DECLARATION OF TRAINING PROVIDER

I confirm that the above application for approval of the named tutor was signed in my presence and that the person named will be employed for the purpose of delivery of the Transport Management CPC course. In addition, I understand that any omission or misrepresentation of information may result in the refusal or withdrawal of approval for the named tutor.

Signed _____ (on behalf of the Training Provider)

Date: _____

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TUTOR'S STATEMENT OF AUTHORISATION

I certify that to the best of my knowledge all the information provided in this form is correct and complete. I understand that that any approval as a tutor for the delivery of the Transport Management Certificate of Professional Competence training course is given on the basis that the information provided in this form is correct, and is conditional upon the verification of any or all of the information I have provided.

I understand that and accept that the provision of misleading, false or inaccurate information or the omission of relevant information may be legitimate cause for the refusal or withdrawal of approval as a tutor.

I authorise the Chartered Institute of Logistics and Transport (CILT) to carry out such searches as may be necessary in order to verify information in this form and any information provided by me, including my CV where applicable.

CILT may make enquiries of any academic or professional institution, employer or referee mentioned in my application form for verification of the information provided. I authorise CILT to disclose, if required, personal information (including residential address and e-mail address) to any such academic or professional institution, employer or referee, in order to facilitate verification of information provided.

In relation to criminal record checks, I agree to provide all relevant documentation and information for such checks to be processed, if required.

I understand that all information will be treated as confidential by CILT. I understand that the information contained in this form may be verified by CILT and will be processed for purposes as under the Data Protection Acts 1998 and 2003 and relevant EU legislation, and that CILT will use personal data only for the purpose of assessing my application.

I hereby give consent to CILT to process and store the information provided in this application form.

I confirm that I have read and I understand the declaration above.

Signed: _____ **(Nominated Tutor)**

Name: _____ **(BLOCK CAPITALS)**

Date: _____